

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90128 042 ***150.00

DOCUMENT# P94000035288

1. Entity Name

SEA BYTE INC.

Principal Place of Business

**19940 MONA ROAD
 SUITE 4
 TEQUESTA FL 33469
 US**

Mailing Address

**19314 GULFSTREAM DRIVE
 TEQUESTA FL 33469**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**19970 Wilkinson Leas Rd
 Tequesta
 FL**

33469

USA

4. FEI Number **65-0493029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAUL, DANA P
 19314 GULFSTREAM DRIVE
 TEQUESTA FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

**19970 Wilkinson Leas Rd
 Tequesta, FL**

City

FL

Zip

33469

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

4/17/01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHAUL, DANA P 19314 GULFSTREAM DRIVE TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHAUL, RICHARD A 19314 GULFSTREAM DRIVE TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
19970 Wilkinson Leas Rd TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
19970 WILKINSON LEAS RD TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 561 746 7915

Date

Daytime Phone #

CR2E034 (10/00)